



Baby Dedication Form

Parent's Name(s) _____

Street Address _____

City _____ State __ Zip Code _____

Phone Number _____

Child's Full Name _____ Male Female

Birthdate _____ Birthplace (City/State) _____

God Parents _____

Have you accepted Jesus Christ as your personal Lord and Savior?

- How long ago? _____
- How long have you been attending God's Vision Ministries? _____
- What does having your baby dedicated mean to you?

- Is this the first child you've had dedicated at God's Vision Ministries? _____